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## Volunteer Information Change Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

All communication will be done by e-mail unless no e-mail is provided.

Please return this form to Amy Coggan (amy@golfmb.ca) in the Golf Manitoba office at your earliest convenience.

